

Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 03/10/2014 07:06 AM

ID Number: 20041159057

Document number: 20141159573

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Dissolution Corporation

Filed pursuant to §7-114-103 of the Colorado Revised Statutes (C.R.S)

ID number:	20041159057				
1. Entity name:	Legacy Outdoors, Inc				
2. Principal office address:					
Street address	831 McDonald Avenue				
	(Street number and name)				
	Buena Vista	CO 81211			
	(City)	United States (ZIP/Postal Code)			
	(Province – if applicable)	(Country)			
Mailing address	PO Box 4504				
(leave blank if same as above)	(Street number and name or Post Office Box information)				
(
(Buena Vista	CO 81211			
\	Buena Vista (City)				
,					
3. The corporation is dissolved.	(City)	United States (ZIP/Postal Code)			
	(City)	United States (ZIP/Postal Code)			

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

umem	Baker	Evelyn	Gottschall			
	(Last)	(First)	(Middle)	(Suffix)		
	PO Box 4504					
	(Street name and number or Post Office Box information)					
	Buena Vista	СО	81211			
	(City)	United S	(Postal/Zip	ostal/Zip Code)		
	(Province – if applicable)	(Country – i	(Country – if not US)			

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.